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AUTHOR Jewell, Larry R.
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ABSTRACT

This learning module provides students with practice in applying mathematical operations to vocational agriculture. The module consists of unit objectives, definitions, information, problems to solve, worksheets suitable for various levels of vocational agriculture instruction, and answer keys for the problems and worksheets. This module, which covers interpretation and analysis of data, provides practice in activities such as using tables and graphs, following directions, completing loan applications, and filling out Federal and state income tax forms common to farm operations. (KC)

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INTERPRETATION AND ANALYSIS OF DATA

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TEACHING UNIT: INTERPRETATION AND ANALYSIS OF DATA

TRAINING ACTIVITIES : Solving stated problems

- UNIT OBJECTIVES :** (1) To provide experiences which will enable students to develop an understanding of how to use basic computational skills to solve problems regarding interpreting and analyzing data.
- (2) To present arithmetic concepts of interpreting and analyzing data in a manner keeping with the interest of Vocational Agriculture students.

DEFINITIONS : Students are exposed to large amounts of data for interpretation and analysis. Much of this data is presented in either table or graph form.

TABLES - Tables have both a vertical and a horizontal reference. Tables usually represent a summation of a large set of information. Data found in table form can usually be extended by interpolation (for values between given values) and by extrapolation (for values beyond the given values).

GRAPHS - Graphs are pictorial presentations of data made using diagrams or scale drawings. Bar, line and circle graphs are the most commonly used graphs.

DISCRETE DATA - Discrete data is known as exact data and allows for no interpretation between given values of data. The bar and circle graphs are usually used to present discrete data.

CONTINUOUS DATA - Continuous data is information that could be more precise or presented at more frequent intervals. The line graph is usually the best graph for presenting continuous data.

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NAME _____

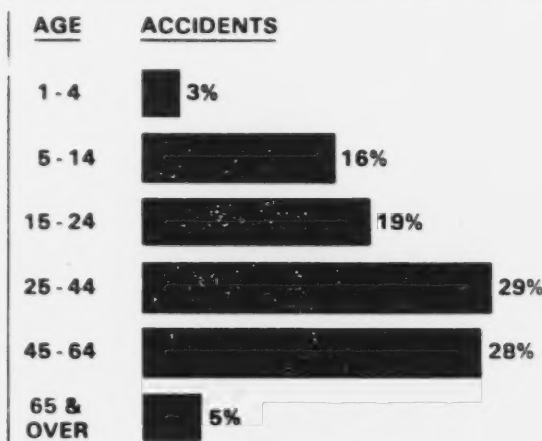
INSTRUCTIONS: Use the provided information to answer the questions accompanying the table or graph.

Limiting Values For Total Daily Exposure

<i>Duration of Total Daily Exposure</i>	<i>Noise Level</i>
16 hrs. = 960 min.	80 dBA
8 hrs. = 480 min.	84 dBA
6 hrs. = 360 min.	86 dBA
4 hrs. = 240 min.	88 dBA
2 hrs. = 120 min.	92 dBA
1 hr. = 60 min.	96 dBA
0.75 hr. = 45 min.	98 dBA
0.50 hr. = 30 min.	100 dBA
0.25 hr. = 15 min.	104 dBA
0.125 hr. = 7.5 min.	108 dBA
0.0625 hr. = 3.75 min.	112 dBA
0.037 hr. = 2.23 min.	115 dBA

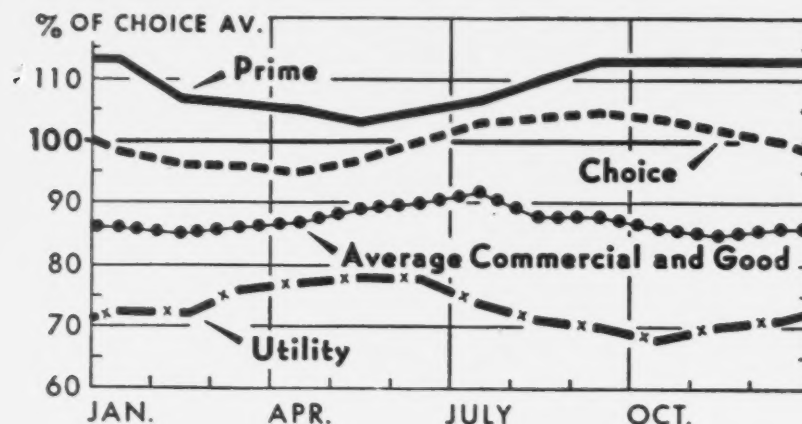
1. What is the maximum total time an individual can be exposed to a noise level of 96 dBA per day? _____ minutes.
2. Assuming that a wood planer creates a noise level of 108 dBA, how many minutes per day is it safe for someone to work around the equipment? _____ minutes.

All Tractor Accidents by Age of Victim

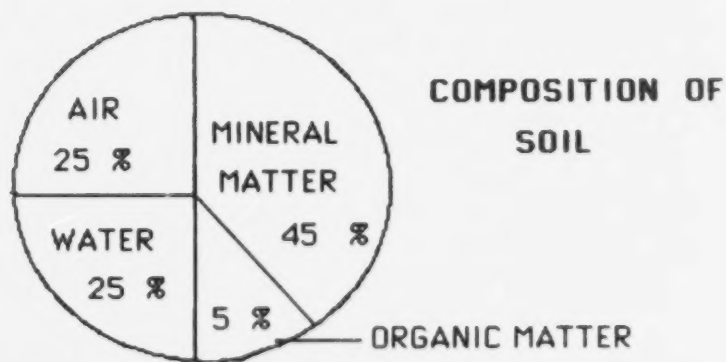


3. At what age range do most tractor accidents occur? AGE _____
4. What percentage of all tractor accidents occur to victims who are between 5 and 14 years old? _____ Percent

Beef Steer Prices by Grades Showing Seasonality in Prices



5. In what month did "utility" steers bring the best prices? _____
6. Between what months did "prime" steers sell at their lowest prices? _____ and _____
7. "Choice" steer prices peaked during what month? _____



8. Considering the above graph, how many pounds of water would be in a ton (2000 pounds) of typical soil? _____ pounds
9. How much of the soil's composition is made up of air? _____ percent

NAME _____

WORKSHEET**COURSE:** Agricultural Production II**COMPETENCY:** #017 - "Finish a concrete job"**INSTRUCTIONS:** Complete the following problems.

SUGGESTED CONCRETE MIXES FOR VARIOUS TYPES OF CONSTRUCTION*

Kind of work	Ready-Mix		Job Mixed			Suggested mix for 1 sack trial batches								Materials per cu. yd. of concrete			
	Specify minimum number sacks cement per cu. yd. concrete	Specify maximum gallons water per sack of cement	Gallons of water added per sack of cement if sand is:			Cement sacks (cu. ft.)	Aggregate		Cement (sacks)	Aggregate							
			Damp	Wet (average sand)	Very wet		Fine (cu. ft.)	Coarse (cu. ft.)		Fine		Coarse					
										Cu. ft.	Pounds	Cu. ft.	Pounds				
Concrete subject to severe wear, weather or weak acid and alkali solutions	7	5	4½	4	3½	With ½ inch max. size aggregate						1550	19½	1950			
Floors (such as home, basement, dairy barn), drive-ways, walks, septic tanks, storage tanks, structural beams, columns and slabs	6	6	5½	5	4½	With 1 inch max. size aggregate						1400	21	2100			
Foundation walls, footings	5	7	8½	5½	4½	With 1½ inch max. size aggregate						1500	22	2200			
						1	3	4	5	16½							

* These are trial mixes for average conditions. It is particularly important to use no more water per sack of cement than shown in the table. Change proportions of sand and gravel slightly if necessary to get a workable mix.

- Michele is planning to build a storage building for her horticulture materials. The building is to be 18 feet wide and 30 feet long. Use the information in the Table above labeled "Materials Per Cubic Yard of Concrete", for a mixture recommended for floors, to determine the sacks of cement and cubic feet of sand (fine aggregate) and gravel (course aggregate) she will need to pour a 6 inch thick floor for the building.
 _____ sacks of cement. _____ cubic feet of gravel.
 _____ cubic feet of sand.
- Convert the sand needed for the project to tons. (**NOTE:** Assume that one cubic foot of sand weighs 91 pounds and that one ton equals 2000 pounds). _____ tons.
- Convert the gravel needed for the project to tons. (**NOTE:** Assume that one cubic foot of gravel weighs 100 pounds and that one ton equals 2000 pounds). _____ tons.

NAME _____

WORKSHEET

COURSE: Agricultural Production I

COMPETENCY: *020 - "Follow safety procedures while applying pesticides"

INSTRUCTIONS: Complete the following problems.

1. How many ounces of pesticide described by the label to the right should be used to properly prepare 10 gallons of spray?

_____ ounces.

2. How many gallons of spray can be properly prepared from the described package of pesticide?

_____ gallons.

3. You may reenter the field treated with the described pesticide:
(NOTE: put a check in the blank beside the correct answer)

- _____ (a) as soon as the area dries.
_____ (b) in 48 hours.
_____ (c) in 7 days.
_____ (d) in 12 days.
_____ (e) in 15 days or thereafter.

USE CLASSIFICATION	RESTRICTED-USE PESTICIDE for retail sale to and application only by certified applicators or persons under their direct supervision.
BRAND NAME	ZAPO
COMMON NAME	GRATOL
CHEMICAL NAME	TRIPHENO
FORMULATION	WETTABLE POWDER
INGREDIENTS	GRATOL (Tripheno) 15% INERT 85% TOTAL 100%
SIGNAL WORD	 DANGER POISON
STATEMENT OF PRACTICAL TREATMENT AND ANTIDOTE	KEEP OUT OF REACH OF CHILDREN Rinse thoroughly in running water if pesticide gets in the eyes.
DIRECTIONS FOR USE	DIRECTIONS FOR USE: It is a violation of Federal law to use this product in a manner inconsistent with its labeling. For control of lovebugs, gnats, and sand fleas, mix 30 gms per liter of water or 1 oz. per quart of water.
REENTRY STATEMENT	DO NOT REENTER AREA WHERE ZAPO HAS BEEN APPLIED FOR TWO WEEKS.
PRECAUTIONARY STATEMENT	HAZARDS TO HUMANS ENVIRONMENTAL HAZARDS PHYSICAL OR CHEMICAL HAZARDS
STORAGE AND DISPOSAL	STORE IN A DRY, WELL VENTILATED PLACE. Bury empty containers in an approved land fill.
NAME AND ADDRESS OF MANUFACTURER	SMITH CHEMICAL CO. 1002 Common Name Street Chemistown, State 10234
EPA REGISTRATION NUMBER	EPA REG. NO. 210-080-B
EPA ESTABLISHMENT NUMBER	EPA EST. NO. 200-BR5
NET CONTENTS	1.8 kgs. (4 lbs.)

BEST COPY AVAILABLE

Name _____

WORKSHEET

COURSE: Agricultural Production III

COMPETENCY: #022 "Properly complete a loan application to purchase a farm"

INSTRUCTIONS: Use the following information to complete the attached loan application form.

Personal information:

Name: John Doe

Address: Route 1, Box 75
Someplace, NC 10000

Age: 23

Marital Status: Single

Social Security #: 111-11-1111

Phone: Home - 666-6666
Work - 888-8888

Sex: Male

Education: Graduated from high school (12 years)

Employment information:

Employer: Smith Agri-Supplies

Annual Salary: \$21,996

Years Employed in Line of Work: 4

Years Employed by Current Employer: 4

Information about potential property:

Description: Small farm

Acres: 10

Location: Route 1, Box 100
Someplace, NC 10000

County: Where

Improvements on Property: Wood frame house (built in 1952)

Note: Property is not located in a flood hazard area.

Assets:

Checking: \$631.00

Account #: 80001

Bank: Someplace Federal Bank

Savings: \$4015.00

Account #: 20045

Bank: Someplace Federal
Bank

Description & Value of Automobiles: 1978 Ford Pick-up truck / \$800

Estimated Value of Personal Property: \$500.00

Life Insurance: (Face amount) \$10,000 (Cash value) None

Real Estate Owned: None

Liabilities:

None

Credit Record:

Previous Creditors: Somplace Federal Bank

Account # - 30045

Purpose of loan - To purchase truck

Highest balance of loan - \$1700

Date paid - 6/30/84

Details of Purchase:

Purchase Price: \$52,000

Cash Deposit Toward Purchase: 1,000

Prepaid Escrows: 732

Loan Amount Sought: 48,500

Interest Rate: 10 %

Closing Costs to be Paid by Seller: 320

Total Closing Costs: 475

Proposed Monthly Housing Expenses:

First Mortgage: \$ 426

Hazard Insurance: 25

Real Estate taxes: 30

Mortgage Insurance: 6

Utilities: 80

FARM LOAN APPLICATION

Page 1

SUBJECT-PROPERTY	MORTGAGE APPLIED FOR		☐ Conventional ☐ FHA ☐ VA	Amount \$	Interest Rate %	No. of Months	Monthly Payment Principal & Interest \$	Escrow/Impounds (to be collected monthly) ☐ Taxes ☐ Hazard Ins. ☐ Mtg. Ins. ☐		
	Permanent Commitment From:		Amount:		Expiration:					
	Property Street Address				City	County	State	Zip	No. Units	
	Description of Property						Census Tract		Year Built	
	Purpose of Loan: ☐ Purchase ☐ Construction-Permanent ☐ Construction ☐ Refinance ☐ Improvements ☐ Other (Explain)									
	Complete this line if Construction-Permanent or Construction Loan		Lot Value Data	Original Cost	Present Value (a)	Cost of Imps. (b)	Total (a + b)		ENTER TOTAL AS PURCHASE PRICE IN DETAILS OF PURCHASE.	
	Year Acquired		\$	\$	\$	\$				
	Complete this line if a Refinance Loan				Purpose of Refinance		Describe Improvements [] made [] to be made			
	Year Acquired		Original Cost	Amt. Existing Liens					Cost: \$	
	Title Will Be Held In What Name(s)					Manner In Which Title Will Be Held				
Is Property Located In Flood Hazard Area?										

This application is designed to be completed by the borrower(s) with the lender's assistance. The Co-Borrower Section and all other Co-Borrower questions must be completed and the appropriate box(es) checked if ☐ another person will be jointly obligated with the Borrower on the loan, or ☐ the Borrower is relying on income from alimony, child support or separate maintenance or on the income or assets of another person as a basis for repayment of the loan, or ☐ the Borrower is married and resides, or the property is located, in a community property state.

BORROWER				CO-BORROWER			
Name		Age	School Yrs	Name		Age	School Yrs
Present Address		No. Years	☐ Own ☐ Rent	Present Address		No. Years	☐ Own ☐ Rent
Street				Street			
City/State/Zip				City/State/Zip			
Former address if less than 2 years at present address				Former address if less than 2 years at present address			
Street				Street			
City/State/Zip				City/State/Zip			
Years at former address		☐ Own ☐ Rent		Years at former address		☐ Own ☐ Rent	
Marital Status		☐ Married ☐ Separated ☐ Unmarried (ind. single, divorced, widowed)		DEPENDENTS OTHER THAN LISTED BY CO-BORROWER NO ASSES		☐ Married ☐ Separated ☐ Unmarried (ind. single, divorced, widowed)	
Name and Address of Employer		Years employed in this line of work or profession? ____ years Years on this job ____ ☐ Self Employed		Name and Address of Employer		Years employed in this line of work or profession? ____ years Years on this job ____ ☐ Self Employed	
Position/Title		Type of Business		Position/Title		Type of Business	
Social Security Number		Home Phone		Social Security Number		Home Phone	
		Business Phone				Business Phone	

GROSS MONTHLY INCOME				MONTHLY HOUSING EXPENSE **				DETAILS OF PURCHASE	
Item	Borrower	Co-Borrower	Total	Rent	\$	PRESENT	PROPOSED		\$
Base Empl. Income	\$	\$	\$	First Mortgage (P&I)	\$			a. Purchase Price	\$
Other Income				Other Financing (P&I)				b. Total Closing Costs (Est.)	
Dividends				Hazard Insurance				c. Prepaid Escrows (Est.)	
Commissions				Real Estate Taxes				d. Total (a + b + c)	\$
Dividends/Interest				Mortgage Insurance				e. Amount This Mortgage	()
Rental Income				Homeowner Assn. Dues				f. Other Financing	()
Other Income				Other				g. Present Equity in Lot	()
Before taxes (see notice below)				Total Monthly Pmt.	\$	\$		h. Amount of Cash Deposit	()
After taxes (see notice below)				Utilities				i. Closing Costs Paid by Seller	()
Total	\$	\$	\$	Total	\$	\$		j. Cash Req'd. For Closing (Est.)	\$

This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried co-borrowers if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise separate Statements and Schedules are required. If the co-borrower section was completed about a spouse, this statement and supporting schedules must be completed about that spouse also. ☐ Completed Jointly ☐ Not Completed Jointly

ASSETS

LIABILITIES AND PLEDGED ASSETS

Indicate by (*) those liabilities or pledged assets which will be satisfied upon sale of real estate owned or upon refinancing of subject property.

Description	Cash or Market Value	Creditors' Name, Address and Account Number	Acct. Name if Not Borrower's	Mo. Pmt. and Mos. left to pay	Unpaid Balance
Cash Deposit Toward Purchase Held By	\$	Installment Debts (include "revolving" charge accts)		\$ Pmt./Mos.	\$
Checking and Savings Accounts (Show Names of Institutions/Acct. Nos.)				/	
Stocks and Bonds (No./Description)				/	
Life Insurance Net Cash Value Face Amount (\$)		Automobile Loans		/	
SUBTOTAL LIQUID ASSETS	\$			/	
Real Estate Owned (Enter Market Value from Schedule of Real Estate Owned)		Real Estate Loans		X	
Vested Interest in Retirement Fund				X	
Net Worth of Business Owned (ATTACH FINANCIAL STATEMENT)				X	
Automobiles (Make and Year)		Other Debts Including Stock Pledges		/	
Furniture and Personal Property		Alimony, Child Support and Separate Maintenance Payments Owed To		/	X
Other Assets (Itemize)				/	X
		TOTAL MONTHLY PAYMENTS		\$	X
TOTAL ASSETS	A \$	NET WORTH (A minus B) \$		TOTAL LIABILITIES	B \$

SCHEDULE OF REAL ESTATE OWNED (If Additional Properties Owned Attach Separate Schedule)

Address of Property (Indicate S if Sold, PS if Pending Sale or R if Rental being held for income)	Type of Property	Present Market Value	Amount of Mortgages & Liens	Gross Rental Income	Mortgage Payments	Taxes, Ins. Maintenance and Misc.	Net Rental Income
		\$	\$	\$	\$	\$	\$
TOTALS →		\$	\$	\$	\$	\$	\$

LIST PREVIOUS CREDIT REFERENCES

B - Borrower C - Co-Borrower	Creditor's Name and Address	Account Number	Purpose	Highest Balance	Date Paid
				\$	

any additional names under which credit has previously been received _____

AGREEMENT: The undersigned applies for the loan indicated in this application to be secured by a first mortgage or deed of trust on the property described herein, and represents that the property will not be used for any illegal or restricted purpose, and that all statements made in this application are true and made for the purpose of obtaining the loan. Verification may be obtained from any source named in this application. The original or a copy of this application will be retained by the lender, even if the loan is not granted.

Borrower's Signature

Date

Co-Borrower's Signature

Date

NAME _____

WORKSHEET

COURSE: Agricultural Production III

COMPETENCY: #026 - "Complete the Federal and State income tax forms, common to farm operation"

INSTRUCTIONS: Perform the indicated operations.

1 Control number		OMB No. 1545-0048	
2 Employer's name, address, and ZIP code Hughes Agri. Chemicals Rte. 2 Angier, NC 27501		3 Employer's identification number 32-9678944	4 Employer's State number
5 Social sec. no. shown ☐ Social sec. no. withheld ☐ Legal emp. ☐ Sub-legal emp. ☐ Paid ☐		6 Attached form	
8 Employer's social security number 000-00-000	9 Federal income tax withheld \$395.48	10 Wages, tips, other compensation \$4394.27	11 Social security tax withheld \$298.81
12 Employer's name, address, and ZIP code John Doe Rte. 1 Angier, NC 27501		13 Social security wages \$4394.27	14 Social security tips
15		16	
17 State income tax	18 State wages, tips, etc.	19 State of State	
20 Local income tax	21 Local wages, tips, etc.	22 State of locality	

Form W-2 Wage and Tax Statement 1983 Copy B To be filed with employer's FEDERAL tax return This information is being furnished to the Internal Revenue Service. Department of the Treasury Internal Revenue Service

1 Control number		OMB No. 1545-0048	
2 Employer's name, address, and ZIP code Snow Farm Supplies P.O. Box 10 Angier, NC 27501		3 Employer's identification number 32-3546578	4 Employer's State number
5 Social sec. no. shown ☐ Social sec. no. withheld ☐ Legal emp. ☐ Sub-legal emp. ☐ Paid ☐		6 Attached form	
8 Employer's social security number 000-00-000	9 Federal income tax withheld \$504.31	10 Wages, tips, other compensation \$5603.44	11 Social security tax withheld \$381.03
12 Employer's name, address, and ZIP code John Doe Rte. 1 Angier, NC 27501		13 Social security wages \$5603.44	14 Social security tips
15		16	
17 State income tax	18 State wages, tips, etc.	19 State of State	
20 Local income tax	21 Local wages, tips, etc.	22 State of locality	

Form W-2 Wage and Tax Statement 1983 Copy B To be filed with employer's FEDERAL tax return This information is being furnished to the Internal Revenue Service. Department of the Treasury Internal Revenue Service

Using the information from the above W-2 forms, complete the attached 1040 U.S. Individual Income Tax Return filing as a single individual.
(NOTE: Assume that the taxes due on your taxable income is \$947.00.)

**Form 1040EZ Income Tax Return for
Single filers with no dependents**

OMB No. 1545-0675

1983**Name &
address**

If you don't have a label, please print:

Write your name above (first, initial, last)
Present home address (number and street)
City, town, or post office, state, and ZIP code

Please write your numbers like this.

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

Social security number

--	--	--	--	--	--	--	--	--	--

Presidential Election Campaign Fund

Check box if you want \$1 of your tax to go to this fund. ▶

**Figure
your
tax**Attach
Copy B of
Form(s)
W-2 here

- | | | |
|---|--|---|
| 1 | Wages, salaries, and tips. Attach your W-2 form(s). | 1 |
| 2 | Interest income of \$400 or less. If more than \$400, you cannot use Form 1040EZ. | 2 |
| 3 | Add line 1 and line 2. This is your adjusted gross income . | 3 |
| 4 | Allowable part of your charitable contributions. Complete the worksheet on page 19. Do not write more than \$25. | 4 |
| 5 | Subtract line 4 from line 3. | 5 |
| 6 | Amount of your personal exemption. | 6 |
| 7 | Subtract line 6 from line 5. This is your taxable income . | 7 |
| 8 | Enter your Federal income tax withheld. This should be shown in Box 9 of your W-2 form(s). | 8 |
| 9 | Use the tax table on pages 29-34 to find the tax on your taxable income on line 7. Write the amount of tax. | 9 |

**Refund
or
amount
you owe**Attach tax
payment here

- | | | |
|----|---|----|
| 10 | If line 8 is larger than line 9, subtract line 9 from line 8. Enter the amount of your refund . | 10 |
| 11 | If line 9 is larger than line 8, subtract line 8 from line 9. Enter the amount you owe . Attach check or money order for the full amount, payable to "Internal Revenue Service." | 11 |

**Sign
your
return**

I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

Your signature

Date

X

☐	Dollars	☐	Cents
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For IRS Use Only—Please
do not write in boxes below.

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Name _____

WORKSHEET

COURSE: Agricultural Production III

COMPETENCY: #030 - "Complete necessary forms to borrow money"

INSTRUCTIONS: Use the following information to complete the attached loan application.

Personal Information:

Name: John Doe

Social Security#: 111-11-1111

Address: Route 1, Box 100
Someplace, NC 10000

Phone: Home - 919-666-6666
Work - 919-888-8888

Age: 23

Sex: Male

Date of Birth: 12/26/61

Marital Status: Single

Number of Dependents: None

Employment Information:

Employer: Smith Agri-Supplies
Someplace, NC 10000

Annual Salary: \$21,999.96
Position Held: Store Manager

Years Employed in Line of Work: 4 years 3 months

Years Employed by Current Employer: 4 years 3 months

Previous Employers: None

Assets:

Checking: \$61.00

Savings: \$200.00

Bank: Someplace Federal Bank

Description & Value of Automobiles: 1978 Ford pick-up Truck/ \$800

Estimated Value of Personal Property: \$500

Real Estate Owned: None

Other Sources of Income: None

Credit Record:

Previous Creditors: None

LIABILITIES:

None

Details of Loan Sought:

Purpose of Loan: To buy beef cows

Loan Amount: \$1,200.00

Joint Account: No

Secured Loan: No

Source of Application: Radio

LOAN APPLICATION

Page 1

Is This to be Joint Credit? If Joint Credit and Joint Applicant is Other than Spouse, Complete a separate credit application ☐ Yes ☐ No

UNLESS ANOTHER PERSON IS A PARTY TO THIS TRANSACTION OR WILL BECOME CONTRACTUALLY LIABLE FOR RE-PAYMENT, NO INFORMATION RELATING TO OTHER PARTY IS REQUIRED

Is This to be Secured Credit Yes ☐ No ☐ If Secured, How?

Source of Application	Number	Order	Rate	Recommended By (Name)	Other	DATE	NEW	3 C	3 C	3 C	3 C	3 C
PURPOSE OF LOAN						AMOUNT REQUESTED						

APPLICANT

JOINT ACCT

CREDIT

PRINT FULL NAME						DATE OF BIRTH (MONTH/YEAR)		SOCIAL SECURITY NO	
STREET ADDRESS				CITY	STATE	ZIP	HOW LONG		HOME PHONE (SHOW AREA CODE)
PREVIOUS ADDRESS				CITY	STATE	ZIP	YEARS MONTHS		NO OF DEPENDENTS OTHER THAN HUSBAND OR WIFE
NEAREST RELATIVE NOT LIVING WITH YOU				ADDRESS	CITY	STATE	ZIP	SHOW AGES	
FIRM NAME OR EMPLOYER'S NAME				IF MILITARY		GRADE	LINE	STN	HOW LONG EMPLOYED
BUSINESS ADDRESS				CITY	STATE	ZIP	YEARS MONTHS		POSITION HELD
PREVIOUS EMPLOYER				ADDRESS	CITY	STATE	ZIP	BUS PHONE (SHOW AREA CODE)	
NAME OF BANK				BRANCH ADDRESS		CHECKING SAVINGS		MONTHLY SALARY	
ALIMONY CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS LOAN				SOURCE OF OTHER INCOME		AMOUNT		CONSUMER LOAN BANKCARD	
COMPLETE THIS SECTION IF A JOINT ACCOUNT AND SECOND PARTY WILL USE ACCOUNT OR IS TO BE CONTRACTUALLY LIABLE									
PRINT FULL NAME (CO-APPLICANT)						DATE OF BIRTH (MONTH/YEAR)		SOCIAL SECURITY NO	
EMPLOYER						HOW LONG EMPLOYED		POSITION HELD	
BUSINESS ADDRESS						CITY	STATE	ZIP	BUS PHONE (SHOW AREA CODE)
ALIMONY CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS LOAN						SOURCE OF OTHER INCOME		AMOUNT	
HOUSING INFORMATION		EST. VALUE		NAME & ADDRESS OF MORTGAGE CO. OR LANDLORD		PRESENT BALANCE		MONTHLY MORTGAGE PAYMENT	
☐ RENT ☐ OWN						\$		\$	
AUTO-MAKE		YEAR	MODEL	FINANCED BY AND ADDRESS		BALANCE OWING		MONTHLY PAYMENTS	
						\$		\$	
AUTO-MAKE		YEAR	MODEL	FINANCED BY AND ADDRESS		BALANCE OWING		MONTHLY PAYMENTS	
						\$		\$	
CREDIT REFERENCES LIST ALL DEBTS OWING BANKS FINANCE COMPANIES CREDIT CARDS OTHER (ATTACH ADDITIONAL SHEET IF NECESSARY)						BALANCE OWING		MONTHLY PAYMENT	
NAME						CITY	ACCT NO		
								\$	
								\$	
								\$	
								\$	
								\$	
TOTAL OF ALL OTHER MISCELLANEOUS DEBTS/DEBTS NOT LISTED ABOVE INCLUDE ANY ALIMONY OR CHILD SUPPORT MONTHLY PAYMENTS								\$	
ARE YOU A CO-MAKER, ENDORSER, OR GUARANTOR ON ANY LOAN OR CONTRACT?						YES ☐ NO ☐			
IF YES: FOR WHOM AND WHAT AMOUNT?									
HAVE YOU EVER GONE THROUGH BANKRUPTCY OR HAD ANY JUDGMENTS, GARNISHMENTS OR OTHER LEGAL ACTIONS AGAINST YOU?						YES ☐ NO ☐ IF YES GIVE DETAILS		DATE	
								PLACE	
								CITY	
								CO	
								STATE	

LOAN APPLICATION

Page 2

ASSETS AND DEBT INFORMATION

ASSETS OWNED			AMOUNT OWED AND NET WORTH		
Cash on Hand and in Banks	\$		Notes Payable to Banks—Secured	\$	
Notes Receivable			Notes Payable to Banks—Unsec'd		
Accounts Receivable			Notes Payable to Relatives		
Cash Surrender Value Life Ins.			Notes Payable to Others		
Stocks and Bonds			Accounts Payable		
Real Estate			Rents and Interest Due		
Automobile—Number ()			Taxes Due—Income—Property		
Other Assets (Itemize)			Real Est. Mfgs. due		
			Other Liabilities (Itemize)		
			TOTAL AMOUNT OWED		
			NET WORTH		
TOTAL ASSETS	\$		TOTAL AMOUNT OWED AND NET WORTH	\$	

SCHEDULE OF REAL ESTATE OWNED (If Additional Properties Owned Attach Separate Schedule)

Address of Property (Indicate S if Sold, PS if Pending Sale or R if Rental being held for income)	TYPE OF PROPERTY	PRESENT MARKET VALUE	GROSS RENTAL INCOME	MORTGAGE PAYMENTS	AMOUNT OF MORTGAGES & LIENS	TAXES, INS. MAINTENANCE AND MISC.	NET RENTAL INCOME
		\$	\$	\$	\$	\$	\$
TOTALS →		\$	\$	\$	\$	\$	\$

NOTICE TO APPLICANT:

The Fair Credit Reporting Act requires that we advise you that a routine inquiry may be made in processing your request for an extension of credit which will provide applicable information concerning your credit worthiness, insurance and credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Upon written request to the Branch Banking and Trust Company office processing your application, information on the nature and scope of the inquiry, if one is made, will be provided. Applicant(s) represents that the information furnished above for the purpose of obtaining credit is correct to the best of my (our) knowledge.

Signature of Applicant

Signature of Joint Applicant

Date

FORM 851-121 (Rev. 9-78)

ANSWER KEY FOR MODULE TITLED "INTERPRETATION AND ANALYSIS OF DATA"

Module Training Unit:

- (1.) 60 (2.) 7.5 (3.) 25 - 44 (4.) 16 (5.) May
(6.) May and June (7.) September (8.) 500 (9.) 25

Competency #017 Worksheet:

- (1.) 62.5 Sacks of Cement (2.) 7.0525 (3.) 10.5
210 Cubic Feet of Gravel
155 Cubic Feet of Sand

Competency #020 Worksheet:

- (1.) 40 (2.) 16 (3.) e

Competency #022 Worksheet:

"See attached answer key."

Competency #026 Worksheet:

"See attached answer key."

Competency #030 Worksheet:

"See attached answer key."

Application for Farm Loan

MORTGAGE APPLIED FOR	☐ Conventional	☒ FHA	Amount	Interest Rate	No. of Months	Monthly Payment Principal & Interest	Escrow/Impounds (to be collected monthly)		
	☐ VA		\$ 48,500	10%	360	\$ 426.00	☐ Taxes	☐ Hazard Ins.	☐ Mtg. Ins.
Permanent Commitment From: _____ Amount: _____ Expiration: _____									
SUBJECT PROPERTY	Property Street Address		City		County	State	Zip	No. Units	
	Rt. 1, Box 100		Someplace		Where	NC	10000		
	Description of Property							Census Tract	Year Built
	Frame house & 10 acres of land								1952
	Purpose of Loan: ☒ Purchase ☐ Construction-Permanent ☐ Construction ☐ Refinance ☐ Improvements ☐ Other (Explain)								
	Complete this line if Construction-Permanent or Construction Loan		Lot Value Data	Original Cost	Present Value (a)	Cost of Imps. (b)	Total (a + b)		ENTER TOTAL AS PURCHASE PRICE IN DETAILS OF PURCHASE.
	Year Acquired			\$	\$	\$	\$		
	Complete this line if a Refinance Loan		Purpose of Refinance		Describe Improvements (made to be made				
	Year Acquired		Original Cost	Amt. Existing Liens					
			\$	\$					
Title Will Be Held In What Name(s)					Manner In Which Title Will Be Held		Cost: \$		
Mr. John Doe									
Is Property Located In Flood Hazard Area?									
No									

This application is designed to be completed by the borrower(s) with the lender's assistance. The Co-Borrower Section and all other Co-Borrower questions must be completed and the appropriate box(es) checked if ☐ another person will be jointly obligated with the Borrower on the loan, or ☐ the Borrower is relying on income from alimony, child support or separate maintenance or on the income or assets of another person as a basis for repayment of the loan, or ☐ the Borrower is married and resides, or the property is located, in a community property state.

BORROWER				CO BORROWER			
Name	Age	School		Name	Age	School	
Mr. John Doe	23	Yrs 12					
Present Address	No. Years	☐ Own	☐ Rent	Present Address	No. Years	☐ Own	☐ Rent
Street Rt. 1, Box 75				Street			
City/State/Zip Someplace, NC 11000				City/State/Zip			
Former address if less than 2 years at present address				Former address if less than 2 years at present address			
Street				Street			
City/State/Zip				City/State/Zip			
Years at former address	☐ Own	☐ Rent		Years at former address	☐ Own	☐ Rent	
Marital ☐ Married ☐ Separated	SUPERSEDE OTHER THAN LISTED BY CO-BORROWER			Marital ☐ Married ☐ Separated	SUPERSEDE OTHER THAN LISTED BY CO-BORROWER		
Status ☒ Unmarried (ind. single, divorced, widowed)	NE	AGE		Status ☐ Unmarried (ind. single, divorced, widowed)	NE	AGE	
Name and Address of Employer	Years employed in this line of work or profession?			Name and Address of Employer	Years employed in this line of work or profession?		
Smith Agri Supplies	4 years						
	Years on this job 4				Years on this job		
	☐ Self Employed				☐ Self Employed		
Position/Title	Type of Business			Position/Title	Type of Business		
Store manager	Agri-Supply Store						
Social Security Number	Home Phone	Business Phone		Social Security Number	Home Phone	Business Phone	
111-11-1111	666-6666	888-8888					

GROSS MONTHLY INCOME			MONTHLY HOUSING EXPENSE			DETAILS OF PURCHASE	
Item	Borrower	Co-Borrower	Total	Rent	\$		
Base Empl. Income	\$ 1,833		\$ 1,833	First Mortgage (P&I)	\$ 426.00	a. Purchase Price	\$ 52,000
Overtime				Other Financing (P&I)		b. Total Closing Costs (Est.)	475
Bonuses				Hazard Insurance	25.00	c. Prepaid Escrows (Est.)	232
Commissions				Real Estate Taxes	90.00	d. Total (a + b + c)	\$ 53,207
Dividends/Interest				Mortgage Insurance	6.00	e. Amount This Mortgage	48,500
Net Rental Income				Homeowner Assn. Dues		f. Other Financing	
Other (Before completing, see notice under Describe Other Income below)				Other		g. Present Equity in Lot	
				Total Monthly Pmt.	\$ 487.00	h. Amount of Cash Deposit	1,000
				Utilities	80.00	i. Closing Costs Paid by Seller	
Total	\$ 1,833		\$ 1,833	Total	\$ 567.00	j. Cash Req'd. For Closing (Est.)	\$

This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried co-borrowers if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise separate Statements and Schedules are required. If the co-borrower section was completed about a spouse, this statement and supporting schedules must be completed about that spouse also. ☐ Completed Jointly ☐ Not Completed Jointly

ASSETS

LIABILITIES AND PLEDGED ASSETS

Indicate by (*) those liabilities or pledged assets which will be satisfied upon sale of real estate owned or upon refinancing of subject property

STATEMENT OF ASSETS AND LIABILITIES

Description	Cash or Market Value	Creditors' Name, Address and Account Number	Acct. Name if Not Borrower's	Mo. Pmt. and Mos. left to pay	Unpaid Balance
Cash Deposit Toward Purchase Held By	\$ 1,000	Installment Debts (include "revolving" charge accts)		\$ Pmt./Mos.	\$
Checking and Savings Accounts (Show Names of Institutions/Acct. Nos.)		None		/	
Someplace Fed. Bank				/	
Checking 80001	631.00			/	
Savings 20045	4015.00			/	
Stocks and Bonds (No./Description)				/	
Life Insurance Net Cash Value				/	
Face Amount (\$ 10,000.)		Automobile Loans			
SUBTOTAL LIQUID ASSETS	\$5,646.	None		/	
Real Estate Owned (Enter Market Value from Schedule of Real Estate Owned)		Real Estate Loans			
Vested Interest in Retirement Fund					
Net Worth of Business Owned (ATTACH FINANCIAL STATEMENT)		None			
Automobiles (Make and Year)		Other Debts Including Stock Pledges			
1978 Ford Pick-up		None		/	
TRUCK	800.				
Furniture and Personal Property	500.	Alimony, Child Support and Separate Maintenance Payments Owed To			
Other Assets (Itemize)		None		/	
		TOTAL MONTHLY PAYMENTS		\$ none	
TOTAL ASSETS	\$6,946.	NET WORTH (A minus B) \$		TOTAL LIABILITIES	\$

SCHEDULE OF REAL ESTATE OWNED (If Additional Properties Owned Attach Separate Schedule)

Address of Property (Indicate S if Sold, PS if Pending Sale or R if Rental being held for income)	Type of Property	Present Market Value	Amount of Mortgages & Liens	Gross Rental Income	Mortgage Payments	Taxes, Ins. Maintenance and Misc.	Net Rental Income
None		\$	\$	\$	\$	\$	\$
TOTALS →		\$	\$	\$	\$	\$	\$

LIST PREVIOUS CREDIT REFERENCES

B - Borrower C - Co Borrower	Creditor's Name and Address	Account Number	Purpose	Highest Balance	Date Paid
B	Someplace Federal BANK	30045	Purchase TRUCK	\$1700.00	6-30-84

State any additional names under which credit has previously been received

AGREEMENT The undersigned applies for the loan indicated in this application to be secured by a first mortgage or deed of trust on the property described herein, and represents that the property will not be used for any illegal or restricted purpose, and that all statements made in this application are true and are made for the purpose of obtaining the loan. Verification may be obtained from any source named in this application. The original or a copy of this application will be retained by the lender, even if the loan is not granted.

John Doe
Borrower's Signature

Date

Co-Borrower's Signature

Date

(Date Completed)

1983

OMB No 1545-0675

**Name &
address**

If you don't have a label, please print:

JOHN DOE Write your name above (first, initial, last)	
Rte. 2 Present home address (number and street)	
ANGIER, NC	27501 City, town, or post office, state, and ZIP code

Please write your numbers like this.

1 2 3 4 5 6 7 8 9 0

Social security number

0 0 0 0 0 0 0 0 0 0

Presidential Election Campaign Fund

Check box if you want \$1 of your tax to go to this fund. ▶

**Figure
your
tax**Attach
Copy B of
Form(s)
W-2 here

1 Wages, salaries, and tips. Attach your W-2 form(s). 1

2 Interest income of \$400 or less. If more than \$400,
you cannot use Form 1040EZ. 23 Add line 1 and line 2. This is your **adjusted gross income**. 34 Allowable part of your charitable contributions. Complete
the worksheet on page 19. Do not write more than \$25. 4

5 Subtract line 4 from line 3. 5

6 Amount of your personal exemption. 6

7 Subtract line 6 from line 5. This is your **taxable income**. 78 Enter your Federal income tax withheld. This should be
shown in Box 9 of your W-2 form(s). 89 Use the tax table on pages 29-34 to find the tax on your
taxable income on line 7. Write the amount of tax. 9**Refund
or
amount
you owe**Attach tax
payment here10 If line 8 is larger than line 9, subtract line 9 from line 8.
Enter the **amount of your refund**. 1011 If line 9 is larger than line 8, subtract line 8 from line 9.
Enter the **amount you owe**. Attach check or money order
for the full amount, payable to "Internal Revenue Service." 11**Sign
your
return**I have read this return. Under penalties of perjury, I declare
that to the best of my knowledge and belief, the return is true,
correct, and complete.

Your signature

Date

X John Doe

Feb 23, 1984

☐	Dollars	Cents
--------------------------	---------	-------

9	9	9	7	7	1
---	---	---	---	---	---

			0	0
--	--	--	---	---

9	9	9	7	7	1
---	---	---	---	---	---

		0	0
--	--	---	---

9	9	9	7	7	1
---	---	---	---	---	---

1	0	0	0	0	0
---	---	---	---	---	---

8	9	9	7	7	1
---	---	---	---	---	---

	8	9	9	7	9
--	---	---	---	---	---

	9	4	7	0	0
--	---	---	---	---	---

--	--	--	--	--	--

	4	7	0	0
--	---	---	---	---

For IRS Use Only—Please
do not write in boxes below.

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For Privacy Act and Paperwork Reduction Act Notice, see page 38.

"ANSWER KEY FOR COMPETENCY # 030 WORKSHEET"

LOAN APPLICATION

Page 1

Is This to be Joint Credit? If Joint Credit and Joint Applicant is Other than Spouse, Complete a separate credit application ☐ Yes ☒ No

UNLESS ANOTHER PERSON IS A PARTY TO THIS TRANSACTION OR WILL BECOME CONTRACTUALLY LIABLE FOR RE-PAYMENT, NO INFORMATION RELATING TO OTHER PARTY IS REQUIRED

Is This to be Secured Credit Yes ☐ No ☒ If Secured, How?

DATE (Date Completed)

Source of Application	Newspaper	Direct Mail	Radio	Recommended By Whom	Other
			☒		

PURPOSE OF LOAN	AMOUNT REQUESTED
To purchase Beef Cows	\$1200

APPLICANT

PRINT FULL NAME		DATE OF BIRTH (MONTH/YEAR)		SOCIAL SECURITY NO	
MR. John Doe		12-61		111-11-1111	
STREET ADDRESS		CITY	STATE	ZIP	HOW LONG
Rt. 1, Box 100 Someplace		Someplace	N.C.	10000	23 YEARS MONTHS
PREVIOUS ADDRESS		CITY	STATE	ZIP	HOW LONG
					YEARS MONTHS
NEAREST RELATIVE NOT LIVING WITH YOU		ADDRESS		CITY	STATE
					ZIP
FIRM NAME OR EMPLOYER'S NAME (IF MILITARY Grade)		UNIT	RTS	HOW LONG EMPLOYED	
Smith Agri-Supplies, Someplace N.C.		10000		4 YEARS 3 MONTHS	
BUSINESS ADDRESS		CITY	STATE	BUS PHONE (SHOW AREA CODE)	MONTHLY SALARY
				919-888-8888	\$1883.33
PREVIOUS EMPLOYER		ADDRESS		CITY	STATE
None					ZIP
NAME OF BANK		BRANCH ADDRESS		CHECKING SAVINGS	CONSUMER LOAN
Someplace Federal Bank				☒	☐
ALIMONY CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS LOAN					
SOURCE OF OTHER INCOME					AMOUNT
					None

JOINT ACCT.

PRINT FULL NAME (CO-APPLICANT)		DATE OF BIRTH (MONTH/YEAR)		SOCIAL SECURITY NO	
EMPLOYER		HOW LONG EMPLOYED		POSITION HELD	
		YEARS MONTHS			
BUSINESS ADDRESS		CITY	STATE	BUS PHONE (SHOW AREA CODE)	MONTHLY SALARY
					\$
ALIMONY CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS LOAN					
SOURCE OF OTHER INCOME					AMOUNT

CREDIT

HOUSING INFORMATION		EST VALUE		NAME & ADDRESS OF MORTGAGE CO. OR LANDLORD		PRESENT BALANCE		MONTHLY MORTGAGE PAYMENT OR RENT	
☐ RENT ☐ OWN						\$		\$	
AUTO-MAKE		YEAR	MODEL	FINANCED BY AND ADDRESS		BALANCE OWING		MONTHLY PAYMENTS	
						\$		\$	
AUTO-MAKE		YEAR	MODEL	FINANCED BY AND ADDRESS		BALANCE OWING		MONTHLY PAYMENTS	
						\$		\$	
CREDIT REFERENCES LIST ALL DEBTS OWING BANKS FINANCE COMPANIES CREDIT CARDS OTHER (ATTACH ADDITIONAL SHEET IF NECESSARY)						BALANCE OWING		MONTHLY PAYMENT	
NAME		CITY		ACCT NO		\$		\$	
None						\$		\$	
						\$		\$	
						\$		\$	
						\$		\$	
						\$		\$	
TOTAL OF ALL OTHER MISCELLANEOUS BILLS/DEBTS NOT LISTED ABOVE INCLUDE ANY ALIMONY OR CHILD SUPPORT MONTHLY PAYMENTS						\$		\$	
ARE YOU A CO-MAKER ENDORSER OR GUARANTOR ON ANY LOAN OR CONTRACT?						YES ☐ NO ☐			
IF YES FOR WHOM AND WHAT AMOUNT?									
HAVE YOU EVER GONE THROUGH BANKRUPTCY OR HAD ANY JUDGMENTS JUDGMENTS OR OTHER LEGAL ACTIONS AGAINST YOU?						YES ☐ NO ☐ IF YES GIVE DETAILS		DATE MO YEAR PLACE CITY CO STATE	

ASSETS AND DEBT INFORMATION

ASSETS OWNED		AMOUNT OWED AND NET WORTH	
Cash on Hand and in Banks	\$ 261. 00	Notes Payable to Banks—Secured	\$
Notes Receivable		Notes Payable to Banks—Unsec'd	
Accounts Receivable		Notes Payable to Relatives	
Cash Surrender Value Life Ins.		Notes Payable to Others	
Stocks and Bonds		Accounts Payable	
Real Estate		Rents and Interest Due	
Automobile—Number ()	800. 00	Taxes Due—Income—Property	
Other Assets (Itemize)		Real Est. Mtgs. due	
Personal Property	500. 00	Other Liabilities (Itemize)	
		TOTAL AMOUNT OWED	
		NET WORTH	1561. 00
TOTAL ASSETS	\$ 1561. 00	TOTAL AMOUNT OWED AND NET WORTH	\$ 1561. 00

SCHEDULE OF REAL ESTATE OWNED (If Additional Properties Owned Attach Separate Schedule)

Address of Property (Indicate S if Sold, PS if Pending Sale or R if Rental being held for Income)	TYPE OF PROPERTY	PRESENT MARKET VALUE	GROSS RENTAL INCOME	MORTGAGE PAYMENTS	AMOUNT OF MORTGAGES & LIENS	TAXES, INS. MAINTENANCE AND MISC.	NET RENTAL INCOME
NONE		\$	\$	\$	\$	\$	\$
TOTALS →		\$	\$	\$	\$	\$	\$

NOTICE TO APPLICANT:

The Fair Credit Reporting Act requires that we advise you that a routine inquiry may be made in processing your request for an extension of credit which will provide applicable information concerning your credit worthiness, insurance and credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Upon written request to the Branch Banking and Trust Company office processing your application, information on the nature and scope of the inquiry, if one is made, will be provided. Applicant(s) represents that the information furnished above for the purpose of obtaining credit is correct to the best of my (our) knowledge.

Signature of Applicant

Signature of Joint Applicant

Date